

**VETERANS AND HUMAN SERVICES LEVY**  
**Second Quarter 2008 Report**

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**Introduction**

In November 2005, the citizens of King County voted to approve a Veterans and Human Services Levy to respond to the needs of the county's veterans and their families, and other individuals and families in need.

The King County Executive, the Metropolitan King County Council, the volunteer members of two citizen oversight boards, veterans' organizations, housing and human services providers, and human services staff and advocates from across the county have been involved in the implementation of the Veterans and Human Services Levy. King County Ordinance 15279 required the levy proceeds to be split equally into two funds, one for services for veterans, military personnel and their families, and one for services for other low income people in need of these services. These funds are called the Veterans Levy Fund and the Human Services Levy Fund.

The 2008 Adopted King County Budget (Ordinance 15975, Sections 73 and 74) approved by the King County Council in November 2007 called for quarterly reports on the progress of levy implementation. Proviso 1 of Section 73 pertaining to the Veterans Levy Fund states: *"Of this appropriation, \$100,000 shall not be expended nor encumbered until the executive submits four quarterly progress reports for the veterans services levy. The quarterly reports shall include at a minimum: the amount of funding expended to date, the amount of funding contracted to date, the number and status of request for proposals to date, and any individual program statistics available, such as number of individuals served. The quarterly reports to the council are due on March 1, June 1, September 1 and December 1, 2008, for council review."*

A similar proviso in Section 74 pertains to the Human Services Levy Fund, with identical requirements and timelines.

This Second Quarter 2008 Report on the implementation of the Veterans and Human Services Levy is submitted to the King County Council per the budget provisos. The report provides updates on the efforts and activities related to the levy, and includes an attachment showing the status of funds as of June 30, 2008, listed by levy activity as well as by specific fund (Veterans Levy Fund and Human Services Levy Fund) (see Attachment A). It also includes the community agencies, listed by subregion, that are receiving funds to implement levy activities (see Attachment B).

**Background**

King County Ordinance 15279, approved in September 2005, placed before the voters a measure to create the Veterans and Human Services Levy. The ballot measure authorized King County to levy an additional regular property tax of five cents per \$1,000 of assessed value for a period of six years. The ordinance stipulated the levy proceeds would be split, with one-half dedicated to

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assist veterans, military personnel and their families, and the other half to help other individuals and families in need. The voters of King County overwhelmingly approved the levy in November 2005.

The county established the citizen oversight boards called for in the ordinance, and developed the Service Improvement Plan required by the King County Council to serve as the overarching policy and service plan for expending levy proceeds. The Service Improvement Plan was submitted to the council in September 2006 and approved the following month. The two boards, the Regional Human Services Levy Oversight Board and the Veterans Citizen Levy Oversight Board, convened in February 2007.

### **Service Improvement Plan**

The Service Improvement Plan, approved by the King County Council through Ordinance 15632, created five overarching strategies to enhance programs and services to help veterans and their families and other low-income residents throughout the county. These overarching strategies include the following:

- Strategy One: Enhancing services and access for veterans (Veterans Levy Fund only)
- Strategy Two: Ending homelessness through outreach, prevention, permanent supportive housing and employment
- Strategy Three: Increasing access to behavioral health services
- Strategy Four: Strengthening families at risk (Human Services Levy Fund only)
- Strategy Five: Increasing effectiveness of resource management and evaluation.

Each strategy area includes several service activities. Thirty-one activities in all, each included in one of the above strategies, are described in the Service Improvement Plan. Staff has prepared, and the levy oversight boards have reviewed, most of the program designs or procurement plans for these activities.

### **Financial Status Report, as of June 30, 2008 (Attachment A)**

The Regional Human Services Levy Oversight Board and the Veterans Citizen Levy Oversight Board have been hard at work continuing to review the procurement plans and program designs for each levy activity, and incorporating feedback from the public (the required step before making the funds available). The boards have now reviewed activity plans representing \$33.2 million (93 percent) of all available funds through the end of second quarter 2008. Once the plans have been through board review, the funds are made available in the community: a total of \$26.7 million (75 percent) of all available funds have now been committed by Letter of Award, Contract and/or Memorandum of Agreement, or allocated to expanding the range and capacity of

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the King County Veterans' Program (KCVP), and the rest of the funds are in the process of being made available. Specifically, another Request-for-Proposal (RFP) process was completed in the second quarter, two other RFP's were begun, and still others will begin in the third quarter. At this point, 53 community agencies have received levy funding to provide one or more services outlined in the Service Improvement Plan, in addition to those services provided by internal King County programs such as the KCVP. Attachment B lists these agencies by county subregion.

King County Ordinance 15551 created two separate funds for Veterans and Human Services Levy proceeds, a Veterans Services Levy Fund and a Health and Human Services Levy Fund. Proceeds from the levy are equally split into these two funds. Attachment A provides a chart showing how each of the thirty-one individual Service Improvement Plan activities are progressing through a "pipeline" from the required board and public review, through the RFP process, and ultimately, to contracting and expenditure of the funds. Each of these activities is funded by either the Veterans Services Levy Fund or the Health and Human Services Levy Fund, or in some cases, both.

The steps in this "pipeline" include:

Step 1: Board review and public comment on the procurement plan and/or program design for each specific activity, as required by the council. The boards have reviewed twenty-four activity plans covering \$33.2 million (93 percent) of available funding.

Step 2: Request For Proposal processes occur if community agencies will be implementing the activity. If there is to be an RFP process for the activity area, the attached spreadsheet will indicate whether it has been completed, is in process, or is scheduled for an upcoming date. In some cases, there is no RFP because the Service Improvement Plan designated a county department or program as responsible for implementing the activity, such as the KCVP, or the Nurse Family Partnership program with Public Health – Seattle and King County.

Step 3: Actual commitment of the funds to specific community agencies or county departments, once the RFP or other review process has been completed. This commitment may occur through letters of award, contracts, or memoranda of agreement.

Step 4: Expenditure. The county pays on a reimbursement basis, so this step occurs only after the individual agencies have provided services and submitted reimbursement requests.

Attachment A provides detail on each of the 31 strategies according to the steps noted above. The first spreadsheet is a consolidated one, combining both the Veterans Services Levy Funds and the Health and Human Services Levy Funds. The next two spreadsheets show the commitments and expenditures broken out for each of the two funds.

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#### **Program Design/Procurement Plan Review Status**

By the end of second quarter 2008, staff had written and the oversight boards had reviewed twenty-four program designs or procurement plans. A brief summary of progress in each strategy area follows.

Strategy One: Services for Veterans. Activities to expand the geographic range and increase the capacity of KCVP have been under way since fourth quarter 2006 and are periodically reviewed by the Veterans Citizen Levy Oversight Board. An important part of this increased service capacity involved increasing funding for the KCVP.

According to second quarter 2008 service data, KCVP had about 2,500 client visits, the bulk of which were at the Seattle office (2,245). Service visits at the Renton office continue to grow. We are currently seeing approximately 10 percent of clients there, and this percentage will increase further by the Third Quarter 2008 Report. Of the total client visits, there were 1,000 unduplicated clients seeking services, with 900 visiting the Seattle office and about 100 at the Renton site. Almost 650 clients received financial assistance for such things as rent, utilities, mortgage and transportation assistance. Of the financial services provided during the second quarter, almost 60 percent were related to housing. Over 800 vouchers for food were provided. KCVP continues to serve a diverse population with African Americans (440) almost equaling the number of Caucasians (444).

This quarter, a decision was made to further expand services into South King County. In third quarter 2008, services will begin to be provided two days a week at the Auburn Veterans Facility. The Washington Department of Veterans Affairs will lease the facility and have staff on hand one day a week to provide services. The KCVP will also staff the facility one day a week.

Strategy Two: Ending Homelessness. Eight activities related to ending homelessness through outreach, prevention, permanent supportive housing and employment are described in the Service Improvement Plan. The boards have reviewed procurement plans for all of them, although several activities were split into multiple plans, and the boards are currently reviewing the final one.

An RFP process was conducted during May and June to provide permanent housing placement supports for parents who have criminal justice histories and also have young children. It combined Activity 2.6 together with two activities from Strategy 4, Activities 4.4 and 4.5. Jointly, these three activities form a comprehensive program model serving single parents from the time they are about to be released, through the time they are reunited with their children and stable in permanent housing, including supports in transitional housing and employment services. Funding awards will be announced later in August.

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Pre-application interviews have been held with agencies planning to apply for capital funds (Activity 2.2) increasing permanent housing. These funds are being made available through an RFP in third quarter 2008, with awards to be announced in the fourth quarter 2008.

Public Health – Seattle and King County is managing the clinical services team component (Housing Health Outreach Team) for the Activity 2.4, providing supportive services for housing. In the second quarter 2008, the Housing Health Outreach Team provided nursing services (subcontracted through Puget Sound Neighborhood Health Centers) to 228 formerly homeless people in selected permanent supportive housing sites in Seattle. In combination with the chemical dependency providers on the team (subcontracted through Evergreen Treatment Services), 391 people in total received services for the first half of 2008. The Veterans and Human Services Levy is one funding partner of this program. With support from the City of Seattle, an additional nurse started on the team in June 2008 to provide services in a new building for seniors where a portion of units are dedicated to veterans (Plymouth Housing Group's Simons Apartments). The addition of the mental health position was delayed by hiring challenges during the first half of the year. However, as of mid-July, the subcontractor is on the verge of offering the position to a qualified candidate.

Other activities under Activity 2.4 will be described in future reports.

Outreach work for Activity 2.1 continued throughout the second quarter, providing outreach and engagement to South King County long-term homeless individuals. During this time, outreach workers with Sound Mental Health served a total of 62 people. For this particular type of outreach, it is difficult to collect detailed demographics for every encounter, but it appears that most clients are living with disabilities. In May 2008, HealthPoint (formerly Community Health Centers of King County) hired the levy-funded registered nurse to provide health services in "housing first" sites in South King County, as well as outreach to people who will be referred into housing. The focus during the second quarter 2008 was on orienting the nurse, and integrating the position with the Sound Mental Health teams that operate the Housing First program in South King County.

Activity 2.7, the expanded Housing Stability Program (HSP), is fully operational, with services available at all 12 partner agencies around the County. This is a countywide program. Solid Ground, the lead administering agency, has trained staff at new HSP partner agencies and is increasing outreach to the veteran services agencies and community. Solid Ground staff have attended Veteran Resource Fairs and visited transitional housing sites and shelters that serve veterans. From April to June, this program served 238 low-income individuals who were at risk of losing their housing.

Strategy Three: Behavioral Health Services. All four activities described in the Service Improvement Plan related to increasing access to behavioral health services have been reviewed by the boards. An RFP and Request for Investment (RFI) for two of these activities took place in first quarter 2008 and awards were announced this quarter.

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The RFP for Activity 3.1, Integrate mental health/chemical dependency services into primary care safety net centers, selected the King County Behavioral Health Safety Net Consortium to implement services. The Consortium coordinated and administered by Community Health Plan, will use Human Services Levy funds to enhance integrated mental health and chemical dependency services in over twenty safety net medical clinics in the county. The contract for these services is in process.

This RFP also selected HealthPoint (formerly Community Health Centers of King County) in partnership with Valley Cities Counseling and Consultation to pilot mental health services targeting south King County military personnel and their families. Contracts are in process for this project that will:

- Conduct a strategic outreach and engagement effort to connect south King County veterans and their families to appropriate primary care, mental health services, and other services as needed
- Pilot a trauma clinician strategy, using a clinician with established expertise in war trauma to provide consultation to primary care providers on appropriate screening and treatment, crisis management, and linkage to other services for veterans
- Enhance mental health and chemical dependency staff resources at Renton and SeaTac Community Health Centers, building specialized expertise in addressing veterans' treatment needs

The Request for Proposals related to developing training programs in trauma, and training behavioral health providers to use evidence-based practices for Post Traumatic Stress Disorder, Activities 3.2 and 3.3, will take place in third quarter 2008.

Strategy Four: Strengthening Families. The six activities described in the Service Improvement Plan related to strengthening families have been reviewed by the boards. The results of the final RFPs conducted first quarter have been announced.

For Activity 4.2, Public Health – Seattle and King County RFP selected nine clinics and maternity support programs to pilot interventions to better support pregnant and parenting low-income mothers and their children aged 0 – 12, including:

- Education about maternal depression
- Peer support groups and other mechanisms to decrease isolation
- Screening for mental health concerns and chemical dependency
- Treatment for these concerns based in the family's medical home, in coordination with licensed mental health/chemical dependency providers where indicated

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The following agencies will be implementing these interventions:

HealthPoint will focus pilot services in its Auburn and Federal Way clinics, serving women and children from throughout south King County. HealthPoint's pilot efforts for mothers and children will enhance a well established behavioral health program.

Country Doctor Community Health Centers in Seattle will build upon its successful maternity support and behavioral health programs, offering enhanced services for mothers and children at its Carolyn Downs and Country Doctor clinic locations. Peer support groups will be offered in Spanish and English.

International Community Health Services' (ICHS) Holly Park and International District clinics will provide culturally appropriate, in-language services to Asian American, Native Hawaiian and other Pacific Islander mothers and children. In addition to peer support groups for mothers, ICHS will also offer groups and classes to support fathers.

NeighborCare Health (formerly Puget Sound Neighborhood Health Clinic) will serve its diverse maternal and pediatric populations at Greenwood and 45<sup>th</sup> Street clinics (north Seattle and north King County). Funds will support the addition of a bilingual, bicultural community health worker to their maternity support program, serving as a cultural bridge for NeighborCare's Latina clients.

Sea Mar Community Health Centers will pilot a Comadre (literally, "co-mother") facilitation and treatment model, to assist women to engage in peer support and mental health services. New services will be offered initially at the Burien clinic, and expanding to additional sites. Many in Sea Mar's Latina, Spanish-speaking population are recent immigrants, who are at increased risk for depression.

Primary care providers in all clinics will be supported in their efforts by Valley Cities Counseling and Consultation, whose staff will provide psychiatric consultation for both adults and children served in the pilot programs. Project implementation is currently in progress, with most sites to begin offering preliminary project services by the end of July 2008.

Another activity being implemented by Public Health – Seattle and King County is the Nurse Family Partnership (Activity 4.1). This is a nurse home visiting program staffed by public health nurses. It is a proven early intervention with young, first time pregnant mothers with favorable results including such things as fewer emergency room visits, less child abuse and neglect, increased employment, less use of public assistance, fewer arrests among both mothers and their children, reduced substance abuse by mothers, increased school readiness by children, and fewer behavioral problems in children. Prior to the passage of the Veterans and Human Services levy, this program was provided at a number of sites in King County. Braiding levy with existing funding has allowed the program to expand throughout the county and will increase the capacity to link young mothers to training and employment opportunities, encouraging self-sufficiency.

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The prevention and early intervention programs (provided under Activity 4.3) continue to increase services to families. Renton Area Youth and Family Services began serving an additional 9 families in the Renton area last quarter, bringing the total number of Renton families being served to 13. Friends of Youth increased direct service staffing levels, adding staff at both Northshore Youth and Family Services and Youth Eastside Services. Child Care Resources is providing training and support to over 45 groups using the Family Friend & Neighbor and Plan & Learn curriculums. Groups are averaging over 1,300 participants a month.

Strategy Five: Resource Management and Evaluation. This strategy is the smallest of the five overarching strategies defined in the Service Improvement Plan. The primary focus of Strategy Five is internal: evaluating levy program performance, increasing the quality and coordinated use of information systems to improve services, and coordinating regional planning efforts.

Several evaluation activities took place in the second quarter 2008. Most notable was the development of an evaluation work plan that included the following:

**Program Level Evaluation:** A great deal of the evaluation work this quarter focused on creating the more specific plans to evaluate performance of selected individual programs being implemented under the levy. Working with agencies implementing the programs, evaluation staff identified performance indicators or outputs that will be used to measure the result of the program activities or outcomes. Particular care was taken to ensure each output is clearly interpretable and measurable and that the indicators accurately reflect the outcomes, particularly as they relate to the higher level goals. These program level evaluation plans were reviewed by the two levy oversight boards in June 2008.

**2008 Evaluation Reports:** Two evaluation reports are due to be completed in the winter of 2008. They are the report on Strategy One, Enhancing Services for Veterans and their Families, and the report on Strategy Two, Ending Homelessness. The second quarter 2008 evaluation activities included framing the issues underlying each of these two strategies and identifying information needs and regional data sources. Data collection has begun along with the creation of data sets that will lead to the development of baseline descriptions and characteristics for Strategies One and Two and inform the writing of these reports. They will become the baseline against which levy performance can be compared.

#### **Community Agencies by Subregion, as of July 30, 2008 (Attachment B)**

Attachment B provides a comprehensive list of community agencies that have been selected to date by the various RFP processes to implement specific levy activities. It is organized by county subregion. This is an evolving list that will be updated periodically as new agencies are selected through additional RFP processes.